

► ☐ Audit	
Massachusetts	
Department of	
Revenue	

Purchaser's name		Social Security or Federal ID number
Purchaser's address		
	r vehicle or trailer sold:	
Year of model	Make	Model name
Туре	Vehicle identification number	Date of sale
A. Sale by licensed	I motor vehicle dealer. Dealer must co	omplete this schedule.
1. Gross sales price		1. \$
		motor vehicles only) 2a. \$
2b. Trade-in allowance	, if any	2b. \$
Year Ma	ke VIN number_	
2c. Manufacturer's reba	ate	2c. \$
2. Total adjustments. A	dd lines 2a, 2b and 2c	2. \$
3. Taxable sales price.	Subtract line 2 from line 1	3. \$
4. Sales tax collected.	Multiply line 3 by .05	4. \$
B. Sale by a persor	n other than a motor vehicle deale	r
1. Gross sales price		1. \$
2. Use tax. Multiply line	e 1 by .05	2.\$
•	lties of perjury that this certificate has bee complete, and the statements made herein	
Purchaser:		
Firm name (if any)		Date
Signature		Title
Seller (seller must als	so sign):	
Firm name (if any)		License number (if dealer)
Signature		Title
Address		Sales/use tax registration number
suspension of registratio	d assessment by the Department of Reve n. Make check or money order payable to	
For DOR use only: Tax payment for the an	nount entered in section A or B above h	nas been received.
Approved by	Number	Date



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Description of mo	tor vehicle or trailer sold:	
Year of model	Make	Model name
Туре	Vehicle identification number	Date of sale
Gross sales price     Amanufacturer's e     Trade-in allowan     Year     Manufacturer's re	ed motor vehicle dealer. Dealer must of excise (sec. 4061 (A) of IRC) (applies to new mode, if any	
3. Taxable sales price 4. Sales tax collected B. Sale by a pers 1. Gross sales price 2. Use tax. Multiply I	se. Subtract line 2 from line 1	r
3. Taxable sales price 4. Sales tax collected B. Sale by a pers 1. Gross sales price 2. Use tax. Multiply I declare under the pe	e. Subtract line 2 from line 1	
3. Taxable sales price 4. Sales tax collected B. Sale by a pers 1. Gross sales price 2. Use tax. Multiply I declare under the personwledge and belief Purchaser:	te. Subtract line 2 from line 1  d. Multiply line 3 by .05.  son other than a motor vehicle deale  line 1 by .05  enalties of perjury that this certificate has bee	
3. Taxable sales price 4. Sales tax collected B. Sale by a pers 1. Gross sales price 2. Use tax. Multiply I declare under the personwledge and belief Purchaser:	te. Subtract line 2 from line 1  d. Multiply line 3 by .05.  son other than a motor vehicle deale  line 1 by .05  enalties of perjury that this certificate has bee	
3. Taxable sales price 4. Sales tax collected B. Sale by a pers 1. Gross sales price 2. Use tax. Multiply I declare under the personwledge and belief Purchaser: Firm name (if any)	te. Subtract line 2 from line 1  d. Multiply line 3 by .05.  son other than a motor vehicle deale  line 1 by .05  enalties of perjury that this certificate has bee	
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\_ DATE \_\_\_\_\_

REGISTRAR OF MOTOR VEHICLES

NUMBER



-
Massachusetts
Department of

Revenue

Audit

Purchaser's name		Social Security/Federal ID number
Purchaser's Address		
Description of moto	or vehicle or trailer sold:	
Year of model	Make	Model name
Туре	Vehicle identification number	Date of sale
•	d motor vehicle dealer. Dealer must co	·
	cise (sec. 4061 (A) of IRC) (applies to new mo	
2b. Trade-in allowance	e, if any	
Year Ma	ake VIN number_	
2c. Manufacturer's reb	pate	
2. Total adjustments. A	Add lines 2a, 2b and 2c	2. \$
3. Taxable sales price.	Subtract line 2 from line 1	
4. Sales tax collected.	Multiply line 3 by .05	4. \$
2. Use tax. Multiply line	e 1 by .05	2.\$
knowledge and belief is	complete, and the statements made herein	
Purchaser: Firm name (if any)		Date
Timmamo (ii any)		Baile
Signature		Title
Seller (seller must al	so sign):	
Firm name (if any)		License number (if dealer)
Signature		Title
Address		Sales/use tax registration number
	nd assessment by the Department of Reve on. Make check or money order payable to	
Tax payment receiv	ed in the amount entered in A or B	above:
NUMBER	DATE	

REGISTRAR OF MOTOR VEHICLES



Massachusetts
Department of

Revenue

Audit

Purchaser's name		Social Security/Federal ID number
Purchaser's Address		
Description of mot	or vehicle or trailer sold:	
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Туре	Vehicle identification number	Date of sale
A. Sale by license	d motor vehicle dealer. Dealer must c	omplete this schedule.
		otor vehicles only) 2a. \$
2b. Trade-in allowanc	e, if any	2b. \$
Year M	ake VIN number_	
2c. Manufacturer's rel	oate	2c. \$
2. Total adjustments.	Add lines 2a, 2b and 2c	2.\$
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4. Sales tax collected	Multiply line 3 by .05	4. \$
	on other than a motor vehicle deale	r 1.\$
2. Use tax. Multiply lir	ne 1 by .05	2.\$
•	alties of perjury that this certificate has bee complete, and the statements made herein	
Purchaser:		
Firm name (if any)		Date
Signature		Title
Seller (seller must a	lso sign):	
Firm name (if any)		License number (if dealer)
Signature		Title
Address		Sales/use tax registration number
suspension of registrati	and assessment by the Department of Reve on. Make check or money order payable to	the Commonwealth of Massachusetts.
iax payment receiv	ved in the amount entered in A or B	above:

DATE \_

REGISTRAR OF MOTOR VEHICLES

NUMBER